



Community Development Department
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Morgan Hill, CA 95037-4128
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Building: (408)779-7241
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CODE ENFORCEMENT COMPLAINT FORM

(Please submit in person, by FAX or by U.S. mail)

This document may be subject to public inspection and copying under the California Public Records Act, Government Code, Section 6250 et. seq.

Complainant: _____ Phone: (_____) _____
(*Person Filing Complaint*)
Address: _____ City: _____ Zip _____
Email Address: _____

Address of Violation: _____ APN# _____

(If no formal address is available, please provide a sketch of violation location.)

Owner's / Occupant's Name: _____ Phone: (_____) _____
(*Contact Name*)

Owner's Address: _____ City: _____ Zip _____

Type of Building: (Residential / Commercial / Accessory Structure) _____

Nature of Complaint: (Life Safety / Property / Nuisance) _____

Complainant's Signature _____ Date: _____

~~ **FOR OFFICE USE ONLY** ~~

ACTION TAKEN: _____
